Name in Full: Celia Banks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 2; Day: 24; Year: 1904

Age: Years: 41; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Md.

Occupation: Hous work

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: John Banks

Father's Birthplace: Md

Mother's Maiden Name: Mary Woods

Mother's Birthplace: Md

Name of person giving Information: Jennie Lewis

How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child Birth — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. R. Coffman

Address: Hagerstown Md

Accident or Suicide?

Funeral Director

LIBRARY BUREAU A88818

Name in Full: Still Born Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dam No 4 — County: Wash. Co.

Date of death: 1904 — Month: July — Day: 23 — Age: Years / Months / Days

Sex: Female — Color or Race: White — Birthplace: Dam No 4

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: George Berrigan — Father's Birthplace: Md

Mother's Maiden Name: Susan Davis — Mother's Birthplace: Md

Name of person giving Imformation: Self V. M. Reichard — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: V. M. Reichard

Address: Fairplay

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Claude Leo Benner.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 190 4: Month: Feb; Day: 5

Age: Years: 1; Months: 3; Days: 7

Sex: male; Color or Race: White; Birthplace: Sharpsburg

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas S. Benner; Father's Birthplace: Sharpsburg

Mother's Maiden Name: Mary E. Price 6; Mother's Birthplace: "

Name of person giving Information: Mary E Benner; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles; How long: about 2 weeks

Immediate: Bronchitis; How long: about 12 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. Howell Gardner

Address: Sharpsburg Maryland

Accident or Suicide?

LIBRARY BUREAU A8816

Eugene Trusler.
Undertaker,

Name in Full: George W Boward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 2; Day: 23; 1904; Age: Years: 76; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: David Boward; Father's Birthplace: Md

Mother's Maiden Name: Melinda Fox; Mother's Birthplace: Md

Name of person giving Imformation: David Boward; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis; How long: Dont know

Immediate: Paralysis; How long: Dont know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel A. Carothers

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A89016

Rose

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Hagerstown — County: Washington

Date of death: Month: 2 — Day: 23 — 1907

Age: Years: — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William Bowers S. — Father's Birthplace: Md

Mother's Maiden Name: Sarah E Smith — Mother's Birthplace: Md

Name of person giving Imformation: William Bowers — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Still Born — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. K. Leatherman

Address: Funeral Director Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU ABB 18

Name in Full: Helen Marr Bridges

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hancock — County: Washington

Date of death 1904 — Month: 2 — Day: 21 — Age — Years: 68 — Months: 10 — Days: 27

Sex: Female — Color or Race: White — Birthplace: Hancock Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband: —

Father's Name: Robert F. Bridges — Father's Birthplace: Fife Scotland

Mother's Maiden Name: Rebecca Campbell — Mother's Birthplace: Fred co Md

Name of person giving information: H M Bridges — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: 18 Mo

Immediate: Pulmonary Hemorrhage — How long: 24 hrs.

Are the name, age, sex, color, date, and place correctly given above? Yes

Signature of Physician: J. A. West

Address: Hancock Md

Accident or Suicide? No

LIBRARY BUREAU A33510

Name in Full: Delia Ann Brumbach

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: New Hancock — County: Wash.

Date of death: 1904 — Month: Feb. — Day: 6 — Age: Years: 8 J — Months: 6 — Days: 2 J

Sex: Female — Color or Race: Black — Birthplace: Fred'g Va.

Occupation: Housewife — Where Residing if not at place of death: Died at Home

Married, Single or Widowed: Widowed — Name of Wife or Husband: Lewis Brumbach

Father's Name: Jessie Custer — Father's Birthplace: Fred'g Va.

Mother's Maiden Name: Maria Huggins — Mother's Birthplace: Culpeper Courthouse Va

Name of person giving Information: Wesley Brumbach — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lumbago — How long: —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Wert

Address: Hancock Md

Accident or Suicide? No

LIBRARY BUREAU AUBURN

Name in Full: Jessie J. Brumbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: New York — County: — New York ~~MARYLAND~~

Date of death 1904 — Month: Feb — Day: 15 — Age: Years 25 — Months 21 — Days 24

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Trained Nurse — Where Residing if not at place of death: Near Middleburg, Md.

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: N. P. Brumbaugh — Father's Birthplace: Md.

Mother's Maiden Name: Addie Martin — Mother's Birthplace: "

Name of person giving Imformation: N. P. Brumbaugh — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Bright's Disease — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. M. Suler Undertaker.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Clarence G Brewer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death 1904: Month: 9 — Day: 8 — Age: Years: — Months: 3 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Ned Brewer — Father's Birthplace: Md

Mother's Maiden Name: Nora Walsh — Mother's Birthplace: Md

Name of person giving Imformation: Ned Brewer — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child found dead in bed, had vomited, suppositon is that it suffocated — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A H C Rogers

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A85016

Name in Full: Joseph C. Carnes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Wash.

Date of death 1904 — Month: Feb. — Day: 14 — Age — Years: 17 — Months: 10 — Days: 16

Sex: male — Color or Race: White — Birthplace: Maryland.

Occupation: none — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: John Carnes — Father's Birthplace: Md.

Mother's Maiden Name: Ida Devilbiss — Mother's Birthplace: "

Name of person giving Imformation: John Carnes — How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: ?

Immediate: Exhaustion — How long: ?

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor Muller Jr.

Address: Hagerstown Md.

Accident or Suicide? —

LIBRARY BUREAU A83818

Name in Full: Mary Jane Carter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ____ County: Wash.

Date of death: 1904 Month: 2 Day: 13 Age: Years: 2 Months: 1 Days: 4

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female Color or Race: Black Birthplace: Md

Occupation: Child Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Charles Carter Father's Birthplace: Va

Mother's Maiden Name: Jane Fryer Mother's Birthplace: Md

Name of person giving Imformation: Jane Carter How related to deceased: mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia How long: Two days

Immediate: Bronch Pneumonia How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel A. Watkins

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A8501S

Name in Full: Isaac J. Clark

No 191

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Washington

Date of death 190 — Month: Feb. — Day: 20 — Years: 80 — Months: — Days: 8

Sex: male — Color or Race: White — Birthplace: Berkley Co. Va.

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Mary Prisilla Braithwait

Father's Name: Josiah S. Clark — Father's Birthplace: Berkley Co. Va.

Mother's Maiden Name: Don't know — Mother's Birthplace: " " "

Name of person giving In formation: Walter S. Clark — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long:

Immediate: Senility — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. P. Miller

Address: Hagerstown Md

Accident or Suicide?

Per J. F. Krebs undertaker

LIBRARY BUREAU A88518

St Pauls. Church

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 2 — Day: 4 — Age: Years — — Months — — Days —

Sex: Femal — Color or Race: White — Birthplace: Md.

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John C Chugston — Father's Birthplace: Pa

Mother's Maiden Name: Edenora Pitcock — Mother's Birthplace: Md

Name of person giving Information: John C Chugston — How related to deceased: Father

Russell

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spina Bifida & (Hydrocephalus. — How long: (dead)

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. L. Herman

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Emely Catherine Doyle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cavetown; County: Washington

Date of death: Month: 2; Day: 13; 1904

Age: Years: 1; Months: 6; Days: 18

Sex: Female

Color or Race: White

Birthplace: Cavetown

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Doyle

Father's Birthplace: Md

Mother's Maiden Name: Annie E Adee

Mother's Birthplace: Md

Name of person giving Imformation: Jacob Doyle

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough

How long: 5 wks

Immediate: Pneumonia

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J M Hebb

Address: Smithsburg Md

Accident or Suicide?

LIBRARY BUREAU A8081S

Neme In Full Washington E Eakle

Certificate of Death

Died at Town Eakles Mills County Washington State MARYLAND

Date 1904 Month 2 Day 12 | Age Y. 58 M. 1 D. 24 | Native of Md | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Mary E Eakle

Father's Name Martin Eakle Mother's Maiden Name Catharine Gnaverly

Cause of Death: Primary General Prostration — How long sick 3 days

Immediate Apoplexy — ~~Accident, Suicide, Homicide~~

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Reported by H. M. Nihiser

Address Keedysville Md

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79538

Name in Full: Tryon H. Edwards.

CERTIFICATE OF DEATH

Died at: Town: New York — County: New York. MARYLAND

Date of death: Month: Feby. 1904 — Day: 17 — Age: Years: 58 — Months: — Days: —

Sex: male — Color or Race: White — Birthplace: N. J.

Occupation: Lawyer — Where Residing if not at place of death:

Married, Single or Widowed: widower — Name of Wife or Husband:

Father's Name: Jonathan T. Edwards — Father's Birthplace: N. J.

Mother's Maiden Name: Hughes — Mother's Birthplace: N. J.

Name of person giving Imformation: Katharine Edwards — How related to deceased: daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. M. Sutton Undertaker

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88015

Name in Full: Edward Le Evans

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 2; Day: 5; 1904; Age: Years: 47; Months; Days

Sex: Male; Color or Race: White; Birthplace: Pa

Occupation: Ornamental Painter; Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband:

Father's Name: Philip Evans; Father's Birthplace:

Mother's Maiden Name: Anna Evans; Mother's Birthplace: Pa

Name of person giving Imformation: Harry Le Evans; How related to deceased: Son

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long: 34

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. C. Wantland

Address: Hagerstown Md

Accident or Suicide?

Cautioning TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88016

Name in Full: Edna M. Farrow

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 2; Day: 4; Year: 1904

Age: Years: —; Months: 8; Days: 2

Sex: Female; Color or Race: White; Birthplace:

Occupation: Child; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: James H Farrow; Father's Birthplace: Md

Mother's Maiden Name: Mary E. Bell; Mother's Birthplace: Md

Name of person giving Information: James Farrow; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething & Cholera Infantum; How long: Two weeks

Immediate: Meningitis; How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. W. Rogers

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary S Fleming

No 189

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport — County: Washington

Date of death 190 4 — Month: Feb — Day: 17 — Age: Years 66 — Months 0 — Days 9

Sex: Female — Color or Race: White — Birthplace: Williamsport

Occupation: House Wife — Where Residing if not at place of death: Williamsport

Married, Single or Widowed: Widow — Husband: John H. Fleming

Father's Name: George Wolf — Father's Birthplace: Wmsport Md

Mother's Maiden Name: Mary C. Corby — Mother's Birthplace: "

Name of person giving In formation: Mrs Troyle — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Gastritis — How long: for years

Immediate: Prostration — How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W S Richardson

Address: Williamsport Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: George William Garrish

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Williamsport. County: Washington

Date of death 1904: Month: July. Day: 9. Age: Years: 0. Months: 3. Days: —

Sex: Male. Color or Race: White. Birthplace: Town —

Married, Single or Widowed: —. Occupation: —

Name of Wife or Husband: —

Father's Name: Joseph B. Garrish. Father's Birthplace: Town

Mother's Maiden Name: Beth E. Rice. Mother's Birthplace: Fillmore Md.

Name of person giving Information: Mrs. Mundy. How related to deceased: Friends Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gen. Debility. How long: 2 Months

Immediate: Spasms. How long: —

Are the name, age, sex, color, date and place correctly given above? J F Kups

Signature of Physician: Jno Shoemaker

Address: Undertaker Williamsport.

Accident or Suicide?

LIBRARY BUREAU A99816

Name In Full

Certificate of Death

Sarah Grimm

Died at Town: Rohrersville County: Wash. MARYLAND

Date 1914 Month: 2. Day: 12	Age Y.: 86 M.: 8 D.: 8	Native of: Md	Occupation: —

~~Male~~ Female | White | ~~Colored~~ | Married | Single | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living 11

Husband of Wife: Rev. Jacob S Grimm (dec'd)

Father's Name: Jared Huffer | Mother's Maiden Name: Barbara Buchtell

Cause of Death — Primary: old age | How long sick: —

Immediate: arthenia. | Accident, Suicide, Homicide

Reported by: C. D Butler M.D.

Address: Rohrersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838

Name in Full: Sarah Harper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 2; Day: 11; 1904

Age: Years: 67; Months: —; Days: —

Sex: Female; Color or Race: Black; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: John Harper

Father's Name: Harry Bell; Father's Birthplace: Md

Mother's Maiden Name: Priscilla Duffin; Mother's Birthplace: Md

Name of person giving Information: Annie Robinson; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Asthenia; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Markam

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A83016

Name in Full Jacob Hauck — Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 19 04 Month 2 Day 28 | Age Y. 91 M. 3 D. 16 | Native of Pa. | Occupation Contractor

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living One

Husband of ~~Wife~~ Mrs Sabina Hauck.

Father's Name Jacob Hauck | Mother's Maiden Name Elizabeth Stump.

Cause of Death — Primary: Senile Debility — How long sick 3 weeks

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by H. H. Derr - M. D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full James D. Hook

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hancock — County: Washington

Date of death: Month: Feb — Day: 28 — 1904

Age — Years: 87 — Months: — Days: 17

Sex: Male

Color or Race: White

Birthplace: Frederick Co Md

Occupation: Miller

Where Residing if not at place of death: Hancock Md

Married, Single or Widowed: Widower

Name of Wife or Husband: Mary Hook

Father's Name: Captain James Hook

Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Not Known

Mother's Birthplace: Not Known

Name of person giving Information: Son James

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Wert

Address: Hancock Md.

Accident or Suicide? No

LIBRARY BUREAU A3031S

Name in Full: Louisa Houck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cavetown — County: Washington

Date of death 1904: Month: 2 — Day: 7 — Age: Years: 78 — Months: 8 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Carroll Co. Md.

Married, ~~Single~~ or Widowed — Occupation: Farmer

Name of Wife or Husband: Susan Walter

Father's Name: Larkin Houck — Father's Birthplace: Md.

Mother's Maiden Name: dont. know — Mother's Birthplace: Md.

Name of person giving In formation: Marion Houck — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction with Jaundice & Dropsy of biliary duct — How long: 4 years

Immediate: Exhaustion & heart failure — How long: 48 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. W. Steck

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

Mary L. Hyles,

Died at Town: Reid / Washington County: Washington MARYLAND

Date 1904 Month: 2, Day: 24 | Age Y. 61 M. 1 D. 10 | Native of Md. | Occupation H-W-

~~Male~~ ~~Female~~ White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Isaac Hyles

Father's Name Henry Wader. Mother's Maiden Name Lucinda Butler

Cause of Death: Primary Heart Disease 7 9 How long sick 5 yrs.

Immediate Dropsy & exanstion Accident, Suicide, Homicide

Reported by J. H. Wishard M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Jesse Warren Jacobs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Smithsburg — County: Washington

Date of death 1904 — Month: 2 — Day: 8 — Age — Years: 31 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: New Jersey

Married, Single or Widowed: Single — Occupation: Minister of the Gospel

Name of Wife or Husband: —

Father's Name: don't know — Father's Birthplace: don't know

Mother's Maiden Name: don't know — Mother's Birthplace: " "

Name of person giving information: Miss Carrie Browne — How related to deceased: none

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intercostal Neuralgia — How long: Two or three days

Immediate: Angina Pectoris — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr J. M. Steele

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A8881S

Name in Full: Malenda Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smoketown — County: Washington

Date of death 1901: Month: 2 — Day: 17 — Age: Years: 79 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace:

Occupation: — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Widow — Name of Wife or Husband: Jerry Jones

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Malenda Livas — Mother's Birthplace: —

Name of person giving Imformation: Daughters — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Failure — How long: Immediate

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: 179

Address: L F Reedsville

Accident or Suicide?

LIBRARY BUREAU A88016

CERTIFICATE OF DEATH

STATE MARYLAND

Name in Full: Minnie Kerr

Died at: Town Eakers Mills; County Washington

Date of death 1904: Month 2; Day 22

Age: Years 32; Months 4; Days 12

Sex: Female

Color or Race: Colored

Birthplace: Hagerstown

Married, ~~Single~~ Widowed

Occupation: Home Wife

Name of Wife or Husband: Josephus Kerr

Father's Name: Wm Johnson

Father's Birthplace: Dont Know

Mother's Maiden Name: Dont-Know

Mother's Birthplace: Dont Know

Name of person giving In formation: Wm Fisher

How related to Deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis

How long: For several years

Immediate: Tuberculosis

How long: ———

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Harold Gardner

Address: Sharpsburg Maryland

Accident or Suicide?

LIBRARY BUREAU A88S16

Name in Full: Howard Nelson Keesling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fenton Williamsport — County: Wash'n — 1883

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Feb	Day: 15	Years: Age	Months: 6	Days: 3
Sex: Male	Color or Race: White			Birth-place: Fenton	
Occupation: —			Where Residing if not at place of death: —		
Married, Single or Widowed		Name of Wife or Husband: —			
Father's Name: Dorsey E Keesling				Father's Birthplace: Md Cumberland	
Mother's Maiden Name: Cordie E Barkdoll				Mother's Birthplace: Md Va	
Name of person giving Information: D E Keesling				How related to deceased: Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia	How long: Ten days
Immediate: Prostration	How long: —
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician: W S Richardson
	Address: Williamsport Md
Accident or Suicide?	

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Town: Boonsboro County: Washington State: MARYLAND

Died at Boonsboro Washington MARYLAND

Date 1904 Month 2 Day 29 Age Y. M. D. Native of Md. Occupation —

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single Widow / ~~Widower~~ ~~Divorced~~ / Number of children living

Husband of
Wife

Father's Name Lemuel Kline

Mother's Name S— Kline

Cause of Death: Primary —

Immediate Stricture

How long sick

~~Accident~~, Suicide, Homicide

Reported by E. T. Smith

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Abraham Kuhn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Big Spring; County: Washington

Date of death 1904: Month: Feb; Day: 14

Age: Years: 73; Months; Days

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Single; Occupation: Miller

Name of Wife or Husband:

Father's Name: Jacob Kuhn; Father's Birthplace: Pa

Mother's Maiden Name: Nancy Stouter; Mother's Birthplace: Pa

Name of person giving information: Mrs Summers; How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age; How long:

Immediate: Cerebral hemorrhage; How long: 7 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: Clearspring Washington Co.

~~Accident Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full 71 Harry E Kingle

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Hagerstown County: Washington

Date of death: Month 2 Day 25 Year 1904 Age: Years 13 Months 9 Days

Sex: Male Color or Race: White Birthplace: Md

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Samuel Kingle Father's Birthplace: Md

Mother's Maiden Name: Susan Wenders Mother's Birthplace: Md

Name of person giving Imformation: George Kingle How related to deceased: Brother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 1 week

Immediate: " How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Smiley Jr.

Address: Hagerstown Md R.F.D.

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Russel H Lapole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 2; Day: 1; Age — Years: 2; Months: 1; Days: 3

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Chas Lapole; Father's Birthplace: Md

Mother's Maiden Name: Ida M Clark; Mother's Birthplace: Md

Name of person giving Imformation: Chas Lapole; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malarial Fever; How long: Couple weeks.

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Herman

Address: Hagerstown Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Samuel LFever

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport. County: Washington

Date of death 1904: Month: Fby. Day: 7. Age: Years: 88. Months: 9. Days: 15

Sex: Male. Color or Race: White. Birthplace: Was. Co

Married, Single or ~~Widowed~~. Occupation: Merchant

Name of Wife or Husband: Annie M Derr

Father's Name: Saml. L Lefever. Father's Birthplace: Was. Co

Mother's Maiden Name: Christiana Sommerodor. Mother's Birthplace: Was "

Name of person giving Information: J. H. LeFever. How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age. How long

Immediate: Old age. How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. D. T. Lesher

Address: Williamsport Md

Accident or ~~Suicide~~? natural cause

LIBRARY BUREAU A9951G

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs Mary Lightner

Died at: Town: Hagerstown County: Wash.

Date of death 1904 Month: 2 Day: 28 Age: Years 45 Months Days

Sex: female Color or Race: White Birthplace: Md.

Occupation: Housewife Where Residing if not at place of death

Married, Single or Widowed: married Name of Wife or Husband: Jacob B. Lightner

Father's Name: John Harry Father's Birthplace: Md

Mother's Maiden Name: Sarah Tawer Mother's Birthplace: Md.

Name of person giving Information: J B Lightner How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long

Immediate: Uterine Cancer. How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. McSuter Undertaker

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A82818

Name in Full: Infant-Daughter W E Loose

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clear Spring — County: Washington

Date of death 1904: Month: Feb — Day: 1 — Age: Years: — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Clear Spring

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm E. Loose — Father's Birthplace: Ind.

Mother's Maiden Name: Margaret Middlekoff — Mother's Birthplace: Ind.

Name of person giving information: W E Loose — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown — How long: Unknown

Immediate: Unknown — How long: Unknown

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: Clear Spring Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Sarah Lyon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: Feb. Day: 21

Age: Years: 52 Months: 2 Days: 11

Sex: Female

Color or Race: Hebrew

Birthplace: Russia

Occupation: Housewife

Where Residing if not at place of death: ——

Married, Single or Widowed: Married

Name of Wife or Husband: Isaac Lyon

Father's Name: Hyman Kaplan

Father's Birthplace: Russia

Mother's Maiden Name: Jennie Kaplan

Mother's Birthplace: Russia

Name of person giving Imformation: Lewis H. Lyon

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cayicinoma of Stomach

How long: 8 months

Immediate: Cardiac Failure

How long: one week

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: D. M. Bergaman

Address: Hagerstown Md.

Accident or Suicide? No

LIBRARY BUREAU A68316

Name in Full: Margaretta McAfee

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ringold — County: Washington

Date of death 1904 — Month: Feb — Day: 10

Age — Years: 66 — Months: 5 — Days: 13

Sex: female — Color or Race: White — Birthplace: Foxville

Married, Single or Widowed: single — Occupation: housekeeper

Name of Wife or Husband:

Father's Name: Archie McAfee — Father's Birthplace: Foxville

Mother's Maiden Name: Lana Swinger — Mother's Birthplace: Foxville

Name of person giving information: Joe McAfee — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture of Skull — How long: 4 hours

Immediate: Coma — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Keyser

Address: Waynesboro Pa

Accident or Suicide? accident

LIBRARY BUREAU A868-1A

Name in Full — Certificate of Death

Robert D McCoy

Died at Town: Rhiersville County: Wash. MARYLAND

Date 1904 — Month: 2 Day: 3 — Age: Y. 64 M. D. — Native of: Md — Occupation: Mould Cutter.

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — Widow Widower — Divorced — Number of children living 5

Husband ~~Wife~~ of Hannah Hightman

Father's Name Washington Mc Coy — Mother's Maiden Name Susan Smith

Cause of Death — Primary: Nephritis 120 — How long sick: Years.

Immediate: Uremia — ~~Accident, Suicide, Homicide~~

Reported by C. D. Baker. M.D.

Address Rhiersville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full: Arthur Williams McCauley

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chantars — County: Washington Co

Date of death 1904: Month: Feby — Day: 11th — Years: Age 2 — Months: 3 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Sleevers City Va

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: James M Cauley — Father's Birthplace: Rockingham Co Va

Mother's Maiden Name: Cora Marshall — Mother's Birthplace: S. Mountain

Name of person giving information: Jno M Cauley — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: One week

Immediate: Prostration — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W S Richardson

Address: Williamsport Md

Accident or Suicide?

LIBRARY BUREAU A29510

Name in Full: Benjamine F. Marmaduke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gwinns — County: Washington

Date of death	Month	Day	Age	Years	Months	Days
1904	Febry	11		70		

Sex: M — Color or Race: White — Birthplace: Washington Co

Occupation: Farmer — Where Residing if not at place of death: Residing Same Place

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: B. F. Marmaduke — Father's Birthplace: Virginia

Mother's Maiden Name: Courtney Burgess — Mother's Birthplace: Maryland

Name of person giving Imformation: Daniel Marmaduke — How related to deceased: Brother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: Four Years

Immediate: Dropsy — How long: 3 or 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. Offutt Smith

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A6851S

Name in Full: Chauncey Alcott Martin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunsville — County: Washington

Date of death: 1904 — Month: 2 — Day: 8 — Age: Years: 1 — Months: 9 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Brunsville

Occupation: ~~~ — Where Residing if not at place of death: ~~~

Married, Single or Widowed: ~~~ — Name of Wife or Husband: ~~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John J. Martin — Father's Birthplace: Rappahannock Va

Mother's Maiden Name: Catharine French — Mother's Birthplace: Brunsville

Name of person giving Imformation: J. J. Martin — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 3 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. T. Yountes

Address: Brunsville Md

Accident or Suicide?

LIBRARY BUREAU A8851B

Name in Full: Bertha Martz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smoketown — County: Washington

Date of death 1904: Month: Feb. — Day: 27th — Age: Years: 9 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Washington

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband:

Father's Name: Lewis Martz — Father's Birthplace: Washington

Mother's Maiden Name: Amanda Frankhouse — Mother's Birthplace: Washington

Name of person giving information: John Rune — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles — How long:

Immediate: Pneumonia — How long: 8 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Wheeler M.D.

Address: Boonsboro

Washington Co.

Accident or Suicide?

LIBRARY BUREAU A9551S

Name in Full: Paul Randolph Mentzer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 2; Day: 4; Years: Age; Months: 8; Days: 5

Sex: Male; Color or Race: White; Birthplace: —

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel E. Mentzer; Father's Birthplace: Md

Mother's Maiden Name: Annie M. Palmer; Mother's Birthplace: Md

Name of person giving Imformation: Daniel Mentzer; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles Mumps & Spasms; How long: Two wks.

Immediate: Pneumonia; How long: One wk.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. W. Linstot M.D.

Address: Hagerstown Washington co

~~Accident or Suicide?~~

LIBRARY BUREAU A8818

Name in Full: Eliza Meredith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro; County: Washington

Date of death 190 4: Month: Feb; Day: 21st

Age: Years: 62; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Boonsboro

Married, Single or Widowed: Single; Occupation: Milliner

Name of Wife or Husband:

Father's Name: Samuel Meredith; Father's Birthplace: New Market Md

Mother's Maiden Name: Catharine Eckard; Mother's Birthplace: Shepherdstown Va

Name of person giving Information: Samuel Meredith; How related to deceased: Brother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: = Insane = ; How long: 4 Months

Immediate: - Drowning = Suicide = ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Whitaker & Son

Address: Boonsboro - - Maryland

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full

Certificate of Death

Gauer Miner

Died at Town Leitersburg County Washington MARYLAND

Date 1904 Month Feb. Day 15th | Age Y. 3 M. 6 D. | Native of Md. | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name Wm. Miner | Mother's Maiden Name Carrie Miner

Cause of Death — Primary: Myelitis

Immediate: Exaustion

How long sick

~~Accident, Suicide, Homicide~~

Reported by J. H. Eichard

Address Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73898

Name in Full: Sarah N Mongan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lydia; County: Washington

Date of death: 1904; Month: 2; Day: 23; Age: Years: 76; Months: 2; Days: 11

Sex: female; Color or Race: White; Birthplace: Washington Co

Occupation: ; Where Residing if not at place of death: Lydia

Married, Single or Widowed: Widow; Name of Wife or Husband: John Mongan Dead

Father's Name: Johnathan Shilling; Father's Birthplace: Wash Co

Mother's Maiden Name: Margaret Lancaster; Mother's Birthplace: " "

Name of person giving Imformation: Clinton H Mongan; How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bronchitis; How long: 10 days

Immediate: Acute Cardiac Dilatation; How long: 4 "

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: V. M. Reichard

Address: Fairplay.

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Clarinda Mose

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 2; Day: 20

Age: Years: 24; Months: 11; Days: 28

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: House work

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Daniel Mose

Father's Birthplace: Md

Mother's Maiden Name: Mary E Pennel

Mother's Birthplace: Md

Name of person giving Imformation: Alonzo Mose

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronasis. Pumplugus

How long: 3 yrs.

Immediate: Septicaemia

How long: 1 Month

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: M E Thomson

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A88018

Shropshire

Name in Full: Joseph R. Mounshower

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washingto

Date of death: 1904 Month: 2 Day: 8

Age: Years: 42 Months: — Days: —

Sex: Male

Color or Race: White

Birthplace:

Occupation: Yoke Turner

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Rachael Mounshower

Father's Name: Joseph Mounshower

Father's Birthplace: Md

Mother's Maiden Name: Charity Hollenberger

Mother's Birthplace: Md

Name of person giving Imformation: Rachael Mounshower

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Cerebral Hamorrhage

How long: 3 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. K. Dorr

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A33616

Name in Full: Mary Madoline Mullendore

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gopland — County: Ward

Date of death 1904 — Month: 2. — Day: 1 — Age: Years — Months: 5: — Days: 14

Sex: Female — Color or Race: white — Birthplace: Gopland

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Noah O Mullendore — Father's Birthplace: Gopland

Mother's Maiden Name: Lemmie A Eakins — Mother's Birthplace: Rehoboth

Name of person giving Information: Dr C. D Baker — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: Inter Colitis — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. D Baker M.D.

Address: Rehoboth Maryland

Accident or Suicide:

LIBRARY BUREAU A88516

Name in Full: William Hamilton Norris

CERTIFICATE OF DEATH

MARYLAND

Died at: Sideling Town Hill — County: Garrett

Date of death 1904: Month 2, Day 14 — Age: Years 1, Months 8, Days —

Sex: white — Color or Race: white — Birthplace: Wash. Co. Md.

Married, Single or Widowed: — — Occupation: — —

Name of Wife or Husband: — — — — — —

Father's Name: 19 — Father's Birthplace: —

Mother's Maiden Name: Maggie Norris 19 — Mother's Birthplace: —

Name of person giving In formation: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis & Meningitis — How long: 2 weeks

Immediate: Convulsions — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Allen X

Address: Oakland

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A68316

Name in Full: Catherine Peck

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Hancock | County: Washington

Date of death 1904: Month: 2 | Day: 13 | Age: Years: 36 | Months: 4 | Days: 7

Sex: Female | Color or Race: white | Birthplace: Washington Co Md

Married, Single or Widowed: Single | Occupation: — | at home

Name of Wife or Husband: —

Father's Name: Jerome Peck | Father's Birthplace: Franklin Co Pa

Mother's Maiden Name: Emily McCormick | Mother's Birthplace: " "

Name of person giving information: Jacob Wm Peck | How related to deceased: Bro.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] | How long

Immediate: Dropsy Heart Disease | How long

Are the name, age, sex, color, date and place correctly given above? [illegible]

Signeture of Physicien: P. E. Sleger

Address: Hancock, Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full Richard Plummer

Certificate of Death

Died at Town Oakley Mills County Washington State MARYLAND

Date 1904 Month 2 Day 16 | Age Y. 86 M. D. | Native of Md | Occupation Nonr

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband of~~ ~~Wife~~

Father's Name Not-Known | Mother's Maiden Name Not-Known

Cause of Death: Primary Dropsy | How long sick 6 Weeks

Immediate Rheumatism | ~~Accident, Suicide, Homicide~~

Reported by C E Sumner & Son

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894

Name in Full: Lena Reed

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 2; Day: 17

Age: Years: 33; Months: ; Days:

Sex: Female; Color or Race: Colored; Birthplace: Va

Occupation: House work; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Jefferson Reed

Father's Name: Albert Thurston; Father's Birthplace: Va

Mother's Maiden Name: Letitia Morby; Mother's Birthplace: Va

Name of person giving Imformation: Jefferson Reed; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: —

Immediate: Exhaustion; How long: —

Are the name, age, sex, color. date and place correctly given above? yes.

Signature of Physician: Victor D Miller

Address: Hagerstown Md.

Accident or Suicide? no

LIBRARY BUREAU A88818

Name in Full: Lydia Resh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Keedysville; County: Washington

Date of death: Month: 2; Day: 22; 1904

Age: Years: 92; Months: [illegible]; Days: 10

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housework; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Jacob Harp

Father's Name: [illegible] Kline; Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know; Mother's Birthplace:

Name of person giving Imformation: Jacob Stouffer; How related to deceased: Son in Law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of breast; How long: 18 Mos

Immediate: Exhaustion & Anemia; How long: 4 or 5 wks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. J. M. Sleek

Address: Smithsburg Md.

Accident or Suicide? —

LIBRARY BUREAU A8818

Name in Full: Ora Belle Rhodes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washn.

Date of death: Month: Feb. — Day: 10 — 1904

Age: Years: — Months: 2 — Days: —

Sex: female — Color or Race: White — Birthplace: Md.

Occupation: child — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Joshua D. Rhodes — Father's Birthplace: Va.

Mother's Maiden Name: Elsie V. E. Rhodes — Mother's Birthplace: Penna.

Name of person giving Imformation: Joshua D. Rhodes — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions — How long: 8 days

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Monnod

Address: Hagerstown

Accident or Suicide? No

LIBRARY BUREAU AB5913

Name in Full: David Melvin Rideenour

No. 188

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hunsetts; County: Washington

Date of death: Month: Feby; Day: 16; 1904

Age: Years: 60; Months: 5; Days:

Sex: Male

Color or Race: White

Birthplace: Washington Co

Occupation: Farmer

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: David Rideenour

Father's Birthplace:

Mother's Maiden Name: Susan Ebreck 79

Mother's Birthplace: Washington Co

Name of person giving In formation: Elizabeth Rideenour

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac dilatation — How long: 1 year

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Theo. Bowse,

Address: Downsport Md.

Accident or Suicide?

LIBRARY BUREAU A63516

Bread Pudding

Name in Full: Susan Rifple

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lil[illegible]stown — County: Wash.

Date of death 1904 — Month: 2 — Day: 24 — Age — Years: 62 — Months: 2 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Washington Co

Occupation: House keeping — Where Residing if not at place of death: Lil[illegible]stown

Married, Single or Widowed: Maried — Name of Wife or Husband: John H Rifple

Father's Name: David Rideneaur — Father's Birthplace: Hagers Town

Mother's Maiden Name: Susan Albrecht — Mother's Birthplace: [illegible]

Name of person giving Imformation: John H Rifple — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: 3 days

Immediate: Heart Failure — How long: 12 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: V.M. Reichard

Address: Fairplay.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Ella L Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 2; Day: 29; Years: Age 1; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: Child; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: William Robinson; Father's Birthplace: Va

Mother's Maiden Name: Katie Williams; Mother's Birthplace: Md

Name of person giving Imformation: Katie Williams; How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia; How long: 10 days

Immediate: Cardiac Failure; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D B Magaman

Address: Hagerstown, Md.

Accident or Suicide? No.

LIBRARY BUREAU A6851G

Name in Full: Daniel Kohrer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 2; Day: 27

Age: Years: 62; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Kohrer; Father's Birthplace: dont know

Mother's Maiden Name: not known; Mother's Birthplace: " "

Name of person giving Imformation: John H Kohrer; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer; How long: 15 months

Immediate: Cancer; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel A. Watkins

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU AB6616

Name in Full: Charles E. Roof

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 2; Day: 18; 1904; Age: Years: 13; Months: 7; Days: 19

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Martin E. Roof; Father's Birthplace:

Mother's Maiden Name: Josephine Galtrell; Mother's Birthplace:

Name of person giving Imformation: 36; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Syphilitic Gumma of Brain; How long: Hereditary —

Immediate: Exhaustion; How long: 5 months

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Victor D. Miller, Jr.

Address: Hagerstown Md.

Accident or Suicide: —

LIBRARY BUREAU A38816

Name in Full: John E. Rowland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death: Month: Feb. Day: 23 1904; Age: Years: 64 Months: Days:

Sex: male; Color or Race: White; Birthplace: Md.

Occupation: Miller; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: Eliz Mc. Cauley

Father's Name: John S Rowland; Father's Birthplace: Md.

Mother's Maiden Name: Emmert; Mother's Birthplace: " "

Name of person giving Imformation: N. K. Startzman; How related to deceased: sowin law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: Suicide by Shooting; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C M Suter Undertaker

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Lewis Cass Shepherd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Hancock — County: Washington

Date of death 1904: Month: Feb. — Day: 13 — Age: Years: 54 — Months: 10 — Days: 18

Sex: Male — Color or Race: White — Birthplace: New Hancock, Md.

Occupation: Farmer. — Where Residing if not at place of death: Died at Home.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Shepherd — Father's Birthplace: New Hancock Md

Mother's Maiden Name: Barbara Wetzel — Mother's Birthplace: " " "

Name of person giving Information: Ella Shepherd — How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Heart Disease — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. E. Stegus.

Address: New Hancock, Md.

Accident or Suicide?

LIBRARY BUREAU A63816

Name in Full: Still born Child of Lester A Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 2; Day: 28; Age: Years: —; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lester A Smith; Father's Birthplace: —

Mother's Maiden Name: Margarett A Grady; Mother's Birthplace: —

Name of person giving Imformation: —; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —; How long: —

Immediate: Still Born.; How long: —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: —

Address: C. R. Schell

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Mary Margarite Speaker 190

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Keedysville — County: Washington Co

Date of death 190 4: Month: Feby. — Day: 21 — Age: Years: 4 — Months: 11 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Keedysville

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Christopher R. Speaker — Father's Birthplace: Boonsboro

Mother's Maiden Name: Lillie I Wright — Mother's Birthplace: Mes-Co Md

Name of person giving In formation: Clinton D Baker — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition — How long: —

Immediate: Convulsion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Thos. Bosse

Address: Mount Pleasant Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Baltimore

Name in Full

Certificate of Death

Daniel W. Spessard

Died at Town: near Leitersburg County: Washington MARYLAND

Date 1904 Month: Feb Day: 20 | Age Y.: 81 M.: 7 D.: 18 | Native of: Leitersburg | Occupation: Retired farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living: five

Husband ~~Wife~~ of Mary Hartle

Father's Name: Peter Spessard Mother's Maiden Name: L.

177

Cause of Death: Primary: Dropsy & Heart failure | How long sick: 3 weeks

~~Immediate~~ | ~~Accident, Suicide, Homicide~~

Reported by Wm L. Sheiss Undertaker

Address Leitersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993

Name in Full: George F Staler No 192

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bellevue; County: Washington

Date of death 1904: Month: Feb; Day: 22

Age: Years: 70; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Williamsport Md

Married, Single or Widowed: Single; Occupation: Laborer

Name of Wife or Husband: —

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: R Ethis Pulmonalis — How long: 6 mos.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W F Monson M D

Address: Hagerstown Md.

Accident or Suicide? No.

LIBRARY BUREAU A88516

Name in Full: Catharine Lena Steward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 2; Day: 4

Age: Years: 14; Months: 6; Days: 14

Sex: Female

Color or Race: Colored

Birthplace: Md

Occupation: Laundress

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: William Steward

Father's Birthplace: Md

Mother's Maiden Name: Mary A. Cole

Mother's Birthplace: Md

Name of person giving Information: Mary Steward

How related to deceased: Mother

H.N.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. L. Markham

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A89516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs. Laura Louise Stonebraker

Died at: Town: Hagerstown; County: Wash

Date of death: Month: Feb; Day: 13; Year: 1904; Age: Years: 75; Months; Days

Sex: female; Color or Race: white; Birthplace: Md.

Occupation: H. W.; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: John W. Stonebraker

Father's Name: Wm. M. Cardell; Father's Birthplace:

Mother's Maiden Name: Eliz. Powles; Mother's Birthplace:

Name of person giving Information: J. W. Stonebraker; How related to deceased: husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brain Paralysed; How long: Two years

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Pfoutz

Address: Hagerstown.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Annie M Stauffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown County: Washington

Date of death: 1904 Month: 2 Day: 11 Years: 60 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Md

Occupation: House work Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Avery Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Wilson Mother's Birthplace: Md

Name of person giving information: John Stauffer How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long

Immediate: Central Hemorrhage How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J McP Scott

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Russell A. Stattlemyer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1907 — Month: 2 — Day: 16

Age — Years: 7 — Months: — Days: 4

Sex: Male — Color or Race: White — Birthplace: —

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Canby A. Stattlemyer — Father's Birthplace: Md

Mother's Maiden Name: Bessie L. Shrup — Mother's Birthplace: Md

Name of person giving Imformation: Canby A Stattlemyer — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Pneumonia — How long: Twelve Days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Pittenger

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: David le Wesley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 2 — Day: 21

Age — Years: 25 — Months: 7 — Days: 5

Sex: Male

Color or Race: Black

Birthplace:

Occupation: Driver

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Wesley

Father's Birthplace: Va

Mother's Maiden Name: Fannie Cole

Mother's Birthplace: Md

Name of person giving Information: 27

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 mos.

Immediate: Cardiac Failure — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W M Hagaman

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A83616

Name in Full: Roy M. Wolford

CERTIFICATE OF DEATH

Died at: Town: Oregon — County: Dorf. — W. Va. (Maryland)

Date of death: Month: Feb — Day: 21 — Years: 20 — Months: — Days: —

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: R. R. Brakeman — Where Residing if not at place of death: Hagerstown, Md.

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: J. E. W Wolford — Father's Birthplace: Md.

Mother's Maiden Name: Margaret Miller — Mother's Birthplace: "

Name of person giving Imformation: J E Wolford — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Crushed Skull caused by — How long

Immediate: falling from top of box car. — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C M Suter Undertaker

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU ASSETS

Name in Full: Jos. Vanlear Wolfe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport; County: Washington

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Feby	Day: 12	Age: 47	Months: 4	Days: 14
Sex: Male	Color or Race: White		Birthplace: Williamsport		
Occupation: Hotel Proprietor	Where Residing if not at place of death: —				
Married, ~~Single~~ or ~~Widowed~~	Name of Wife or Husband: Lester A. Wolfe				
Father's Name: John H. Wolfe			Father's Birthplace: Md		
Mother's Maiden Name: Catharine M. Tucker			Mother's Birthplace: Md		
Name of person giving Information: Weber Morrison			How related to deceased: Son in law		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute glossitis with abscess. How long: 8 days

Immediate: Rupture of abscess with strangulation. How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Theo Boose, M.D.

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88510

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Vinson Blessing Wyand

Died at: Town: Kendrysville T.D. County: Washington State: Md.

Date of death 190[illegible]: Month 2 Day 22 Age: Years 9 Months 19 Days

Sex: Male Color or Race: White Birthplace: Kendrysville

Occupation: None Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband: Eva M Wyand

Father's Name: Ora B Wyand Father's Birthplace: Kendrysville

Mother's Maiden Name: Eva M Wyikoop Mother's Birthplace: Washington Co

Name of person giving Information: Ora B. Wyand How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions How long: 1 day

Immediate: Meningitis How long: 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Wilson

Address: Kendrysville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Lewis Frederick Ziegler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 2; Day: 26; Age: Years: 57; Months: 2; Days: 1

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Clerk; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Frederick Ziegler; Father's Birthplace: Md

Mother's Maiden Name: Louisa Swales; Mother's Birthplace: Md

Name of person giving Imformation: George Ziegler; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism; How long: 5 years

Immediate: Uraemic Convulsions; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. O Ragan

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88516